

## HEAT AND COLD RELATED ILLNESSES

### 1. Heat Related Illnesses

- a. Heat Illness Suspected:
  - i. Move to cool environment.
  - ii. Remove clothing.
  - iii. Sponge skin, cool oral fluids (if alert)
  - iv. Check temperature.
- b. **IV**:
  - i. Indications:
    - a) Absence of sweating (heat stroke).
    - b) Altered mental status (heat stroke).
    - c) Hypotension.
    - d) Unable to take fluids orally.
  - ii. Type: **LR or NS**
  - iii. Rate: wide open until medical control contact or total 500cc (10cc/kg) infused.
- c. **Contact Medical Control**
- d. Medical Control Options:
  - i. More aggressive cooling measures for severe symptoms or prolonged transport. May include ice packs to groin, axillae, and neck.
  - ii. Closest facility if patient condition warrants.
  - iii. Release at scene if vital signs, mental status, and temperature normal.

### 2. Cold Related Illnesses:

- a. If frostbite suspected re-warm the patient.
  - i. Remove to warm, dry environment.
  - ii. Remove wet clothing.
  - iii. Cover patient with blankets or warm, dry clothing.
- b. Medical Options:
  - i. Active re-warming with warm water immersion or warm body parts if prolonged transport anticipated.
  - ii. Check temperature when hypothermia suspected (some thermometers only to 94 degrees)
  - iii. Warm the patient.
    - a) Move to warm environment. Handle very gently: rough handling may cause ventricular fibrillation in severe hypothermia.
    - b) Remove wet clothing. Cut away if patient unresponsive.
    - c) Wrap the patient in warm dry clothing and blankets.
    - d) If the patient is alert, warm oral fluids may be given: **NO ALCOHOL!!!!!!!**
- c. **Contact Medical Control**
- d. If victim is UNRESPONSIVE:
  - i. ABC (CAB in this case).
    - a) Circulation: any pulse (check carotid pulse for 1 minute) or a rhythm which might perfuse (even extreme bradycardia) may be adequate for that degree of hypothermia. Use CPR only as follows.
    - b) Cardiac monitor first in suspected severe hypothermia.
    - c) CPR for v-fib or asystole on monitor. Once initiated, do not stop CPR.
    - d) HOLD CPR for potentially perfusing rhythms on monitor, including sinus bradycardia, normal sinus rhythm, v-tach, etc., then **Contact Medical Control**.
  - ii. Airway.
    - a) Avoid intubation if able to ventilate with bag/mask.

- iii. Breathing.
  - a) 100% O<sub>2</sub> by mask, BVM or BV-ETT tube.
  - b) If necessary, ventilate at maximum 8-10 breaths per minute.
- iv. Medical Options:
  - a) Intubation.
  - b) **IV NS or LR**, warm fluids when available.
  - c) ACLS drugs (if temperature > 30° C)
  - d) **IV Dextrose, Naloxone**, for altered CNS status.
  - e) More aggressive heating measures to include heat application to axillae, groin, and neck.
  - f) Transport to closer facility if transport time prolonged.
  - g) Facility choice for severe hypothermia is a Level 1 Trauma Center as per Protocol #1.